

APPLICATION FOR PARCELIZATION
APPROVAL

File No. _____

Rec'd by _____

Name(s) of Land Owner(s) _____

Address(es) _____

Phone(s) _____

Name of Agent _____ Name of Surveyor _____

Address _____ Address _____

Phone _____ Phone _____

Name of Private Drive (if any) _____

Civil Twp. _____ Section _____ ¼ Section _____ T _____ N, R _____ W

Acreage of parent tract _____ # Parcels created _____

The undersigned states the above information to be true and correct as he/she is informed and believes.

Signature(s) of Land Owner(s) _____

Name(s) of Land Owner(s) _____

STATE OF INDIANA)

COUNTY OF TIPPECANOE) SS:

Subscribed and sworn to me this _____ day of _____, _____

Notary Public

Name Printed _____

Residing in _____ County

My commission expires _____

FOR STAFF USE:

Date Received

Revisions

10 copies of drawing or legal description(s) _____

Approval from County Health Department _____

Letter from Sanitary Sewer Authority _____

10 copies of private driveway easement _____

Right-of Way Grant (signed & notarized) _____

Notarized Consent form Contract Owner _____

and/or Optioner _____

\$25.00 filing fee _____

Mortgage affidavit/release _____